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	Substitute for form 1449/PTO	Complete if Known			
		Application Number	UNKNOWN		
	INFORMATION DISCLOSURE	Filing Date	HEREWITH		
		First Named Inventor	RAFFI CODILIAN		
	STATEMENT BY APPLICANT	Art Unit	UNKNOWN		
	(Use as many sheets as necessary)	Examiner Name	UNKNOWN		
S	Sheet 1 of 1	Attorney Docket Number	K35A1342	フ	

Examiner	Cite	Document Number	Publication Date	DOCUMENTS  Name of Patentee or	Pages, Columns, Lines, Where
nitials*	Cite No. <sup>1</sup>	Number-Kind Code <sup>2 (# known)</sup>	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear
		<sup>US-</sup> 4,578,723	03-25-1986	Betts et al.	
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		FORE	<b>IGN PATENT DOCU</b>	MENTS		
Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
		Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)	MM-DD-YYYY		Or Relevant Figures Appear	T <sup>6</sup>
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